

CLAIMS ONLY

Application Number

Filing Date

1066695

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | | * May be used for additional claims or amendments | |
|--------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|---|--------|---|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | | | | | | |
| 2 | | 1 | | | | | | | | | | |
| 3 | | 1 | | | | | | | | | | |
| 4 | | 1 | | | | | | | | | | |
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| 48 | | 1 | | | | | | | | | | |
| 49 | | 1 | | | | | | | | | | |
| 50 | | 1 | | | | | | | | | | |
| Total | 3 | | | | | | | | | | | |
| Indep | | | | | | | | | | | | |
| Total | 13 | | | | | | | | | | | |
| Depend | | | | | | | | | | | | |
| Total | 16 | | | | | | | | | | | |
| Claims | | | | | | | | | | | | |
| 51 | | | | | | | | | | | | |
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| Depend | | | | | | | | | | | | |
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| Claims | | | | | | | | | | | | |

BEST AVAILABLE COPY